

RECEIVED

MAR 02 2010

**SEND
COMPLETED
FORM TO:**
The Appropriate
State or Regional
Office.

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM



1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input checked="" type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
2. Site EPA ID Number	EPA ID Number <u>M O D 9 8 5 8 0 5 0 9 2</u>		
3. Site Name	Name: Reliable Biopharmaceutical Corporation		
4. Site Location Information	Street Address: 1945 Walton Rd City, Town, or Village: Saint Louis State: Missouri Country: USA Zip Code: 63114-0192		
5. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. <u>3 2 5 4 1 1</u> B. <u> </u> C. <u> </u> D. <u> </u>		
7. Site Mailing Address	Street or P.O. Box: PO Box 140192 City, Town, or Village: Saint Louis State: Missouri Country: USA Zip Code: 63114-0192		
8. Site Contact Person	First Name: Charles MI: E Last: Wisdom Title: EHS Director Street or P.O. Box: 1945 Walton Road City, Town or Village: Saint Louis State: Missouri Country: USA Zip Code: 63114-0192 Email: cwisdom@reliablebiopharm.com Phone: 314-429-7700 Ext.: 158 Fax:		
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: MEDOP Partners Date Became Owner: 9/24/2007 Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Street or P.O. Box: PO Box 140192 City, Town, or Village: Saint Louis Phone: 314-429-7700 State: Missouri Country: USA Zip Code: 63114-0192 B. Name of Site's Operator: Reliable Biopharmaceutical Corporation Date Became Operator: 1968 Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

503220



RCRA

RCRA STATE
RCRAINFO data entered

by

on

23 JUL 2010

2010

10. Type of Regulated Waste Activity (at your site)Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-7.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities.

Y ☐ N ☒

- d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- e. United States Importer of Hazardous Waste

Y ☐ N ☒

- f. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒**2. Transporter of Hazardous Waste**

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**3. Treater, Storer, or Disposer of Hazardous Waste**

Note: A hazardous waste permit is required for these activities.

Y ☐ N ☒**4. Recycler of Hazardous Waste**Y ☐ N ☒**5. Exempt Boiler and/or Industrial Furnace**

If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**6. Underground Injection Control**Y ☐ N ☒**7. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒

- 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.**

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) _____ ☐
- f. Other (specify) _____ ☐
- g. Other (specify) _____ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.Y ☐ N ☒**1. Used Oil Transporter**

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner**

If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer**

If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:
- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university
- ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D009	D022	D024	D025	D028
D038	D098	F001	F002	F003	F004	F005
U031	U080	U112	U138	U154	U196	U199
U213	U220					

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

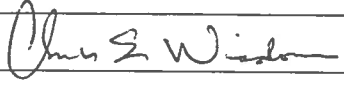
12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Charles E Wisdom. EHS Director	02/25/2010

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: Reliable Biopharmaceutical Corporation

EPA ID Number M O D 9 8 5 8 0 5 0 9 2

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2009 Hazardous Waste Report

GM
FORMWASTE GENERATION
AND MANAGEMENT

Sec. 1

A. Waste description: Ignitable spent solid used in purification (silica gel)

B. EPA hazardous waste code(s)

P 0 0 1 D 0 3 8 F 0 0 3
F 0 0 5

C. State hazardous waste code(s)

D. Source code

G 0 9

E. Form code

W 4 0 3

F. Quantity generated in 2009

1 2 5 3 0

G. Waste
minimization code

Management Method code for Source code G25

H

UOM P

Density lbs/gal sg

Sec. 2

Was any of this waste managed on site?

- ☐
- Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
-
- ☒
- No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

ON-SITE PROCESS SYSTEM 2

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2009

H

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2009

H

Sec. 3

A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling?

- ☒
- Yes (CONTINUE TO ITEM B)
-
- ☐
- No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which waste was shipped

M O D 0 0 0 6 1 0 7 6 6

C. Off-site Management
Method code shipped to

H 0 4 0

D. Total quantity shipped in 2009

1 2 5 3 0

Site 2

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management
Method code shipped to

H

D. Total quantity shipped in 2009

Site 3

B. EPA ID No. of facility to which waste was shipped

C. Off-site Management
Method code shipped to

H

D. Total quantity shipped in 2009

Comments:

EPA ID Number	M	O	D	9	8	5	8	0	5	0	9	2
---------------	---	---	---	---	---	---	---	---	---	---	---	---

2009 Hazardous Waste Report

**GM
FORM**

WASTE GENERATION AND MANAGEMENT

B. EPA hazardous waste code(s)

D	0	0	1	D	0	2	8	D	0	3	8
D	0	9	8	F	0	0	2				

C. State hazardous waste code(s)

[illegible]

D. Source code

| G | 0 | 9 |

E. Form code

|w| 2 | 0 | 4

F. Quantity generated in 2009

1 2 5 3 0

G. Waste minimization code	
----------------------------	--

Management Method code for Source code G25

| H | | | |

UOM | 8 | 5

Density | | 0 | . | 9 | 0 | ☒ lbs/gal ☒ sg

Sec. 2	Was any of this waste managed on site?
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- ☐ Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management Method code	Quantity treated, disposed, or recycled on site in 2009
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[illegible]

ON-SITE PROCESS SYSTEM 2

On-site Management Method code	Quantity treated, disposed, or recycled on site in 2009
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[illegible]

Sec. 3	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling?
--------	--

- ☒ Yes (CONTINUE TO ITEM B)
☐ No (FORM IS COMPLETE)

Site 1 ☒ B. EPA ID No. of facility to which waste was shipped

1	L	D	0	9	8	6	4	2	4	2	4
---	---	---	---	---	---	---	---	---	---	---	---

C. Off-site Management	Method code shipped to
------------------------	------------------------

110 161

D. Total quantity shipped in 2009

1 0 5 5 0 0

Site 2	B. EPA ID No. of facility to which waste was shipped
--------	--

--	--	--	--	--	--	--	--	--	--

C. Off-site Management	Method code shipped to
------------------------	------------------------

| H | | |

D. Total quantity shipped in 2009

[illegible]

Site 3	B. EPA ID No. of facility to which waste was shipped
--------	--

[illegible]

C. Off-site Management	Method code shipped to
------------------------	------------------------

| H | | |

D. Total quantity shipped in 2009

1	2	3	4	5	6	7	8	9	10
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Page 6 of 8

U.S. ENVIRONMENTAL PROTECTION AGENCY

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: Reliable Biopharmaceutical Corporation

2009 Hazardous Waste Report

EPA ID NO: M O D 9 8 5 8 0 5 0 9 2

OI
FORM

OFF-SITE IDENTIFICATION

Site 1	A. EPA ID number of off-site installation or transporter <u>M O D 0 0 0 6 1 0 7 6 6</u>	B. Name of off-site installation or transporter <u>Solvent Recovery Corporation</u>
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving facility	D. Address of off-site installation Street <u>716 Mulberry Street</u> City <u>Kansas City</u> State <u>M O</u> Zip <u>6 4 1 0 1</u>
Site 2	A. EPA ID number of off-site installation or transporter <u>I L D 0 9 8 6 4 2 4 2 4</u>	B. Name of off-site installation or transporter <u>Veolia ES Technical Solutions LLC</u>
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> Receiving facility	D. Address of off-site installation Street <u>7 Mobile Avenue</u> City <u>Sauget</u> State <u>I L</u> Zip <u>6 2 2 0 1</u>
Site 3	A. EPA ID number of off-site installation or transporter <u>I L R 0 0 0 1 0 7 0 6 6</u>	B. Name of off-site installation or transporter <u>Illini Environmental Inc.</u>
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility	D. Address of off-site installation Street <u>8895 California Drive</u> City <u>Caseyville</u> State <u>I L</u> Zip <u>6 2 2 3 2</u>
Site 4	A. EPA ID number of off-site installation or transporter <u> </u>	B. Name of off-site installation or transporter <u> </u>
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> Receiving facility	D. Address of off-site installation Street <u> </u> City <u> </u> State <u> </u> Zip <u> </u>

Comments: